

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
**Reference Request Form**

Name of Candidate: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Dates of Employment:      From \_\_\_\_\_ To \_\_\_\_\_

Job Title(s): \_\_\_\_\_

\_\_\_\_\_

**Confirmation of Employment Information**

1.      Are the dates of employment listed correctly above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
            If you answered no, please provide the correct dates of employment:  
            From \_\_\_\_\_ To \_\_\_\_\_.
2.      Is the job title information listed above accurate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
            If you answered no, please provide the correct job title(s):  
\_\_\_\_\_.  
\_\_\_\_\_.
3.      Did this individual supervise any employees? \_\_\_\_\_ Yes \_\_\_\_\_ No  
            If you answered yes, please indicate the number of employees supervised:  
\_\_\_\_\_.
4.      What is/was the reason for this individual's separation from your company?
5.      Would this individual be rehired by your company? \_\_\_\_\_ Yes \_\_\_\_\_ No  
            If you answered no, please explain:
6.      Did the most recent performance evaluation for this individual indicate overall  
satisfactory performance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
            If you answered no, please explain the nature of the deficiencies:
7.      Was this individual subject to written disciplinary action during his/her employment?  
\_\_\_\_\_. Yes \_\_\_\_\_ No  
            If you answered yes, please explain:

## Description of Work

The person listed above has applied for a(n) \_\_\_\_\_ position. In general, this person will be required to:

Was this person's job similar to that described above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, was the work:

\_\_\_\_ Virtually the same?    \_\_\_\_ Very similar?    \_\_\_\_ Only somewhat similar?

## Work Characteristics

Using the scale provided below, please rate this person in the following categories:

Excellent	Very Good	Good	Poor	Unsatisfactory
5	4	3	2	1

- a. Ability to work successfully with others: \_\_\_\_\_
- b. Capability of managing work: \_\_\_\_\_
- c. Skills: \_\_\_\_\_
- d. Reliability and dependability: \_\_\_\_\_
- e. Initiative: \_\_\_\_\_
- f. Judgement: \_\_\_\_\_
- g. Orientation to service: \_\_\_\_\_
- h. Attendance and punctuality: \_\_\_\_\_
- i. Communication skills: \_\_\_\_\_

Please comment on items you rated as "poor" or "unsatisfactory" \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you. Please return this form to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## Employer Immunity

### **K.S.A. 44-119a. Employer immunity from liability and suit for disclosure of employment information.**

1. Unless otherwise provided by law, an employer, or an employer's designee, who discloses information about a current or former employee to a prospective employer of the employee shall be **qualifiedly immune** from civil liability.
2. Unless otherwise provided by law, an employer who discloses information about a current or former employee to a prospective employer of the employee shall be **absolutely immune** from civil liability. The immunity applies only to disclosure of the following:
  - i. Date of employment;
  - ii. pay level;
  - iii. job description and duties; and
  - iv. wage history.
3. Unless otherwise provided by law, **an employer who responds in writing** to a written request concerning a current or former employee from a prospective employer of that employee shall be **absolutely immune** from civil liability for disclosure of the following information to which an employee may have access:
  - i. Written employee evaluations which were conducted prior to the employee's separation from the employer and to which an employee shall be given a copy upon request; and
  - ii. whether the employee was voluntarily or involuntarily released from service and the reasons for the separation.
4. This section shall apply to causes of action accruing on and after the effective date of this act.

**Addressed to Former Employer**

Dear \_\_\_\_\_:

\_\_\_\_\_ has applied for a(an) \_\_\_\_\_ position with the Kansas Department of Social and Rehabilitation Services. Attached is our Reference Request form. We ask that you complete the form and return it to the individual and address listed at the end of the form.

Also attached are a Release of Information form signed by the candidate and a copy of K.S.A. 44-119a which explains employer immunity in disclosing the reference information we request.

Since our selection process cannot be completed until we receive your information, we appreciate your completing and returning the form as soon as possible. Thank you for taking the time to help us. Please call me at the telephone number listed below if you have questions about this request.

Sincerely,

Signature  
Telephone Number